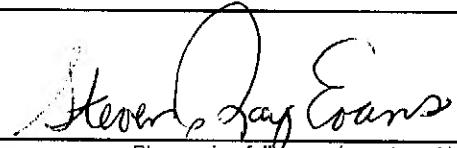


# Voter Registration Application

Before completing this form, review the General Application, and State specific instructions.

Are you a citizen of the United States of America? Yes Will you be 18 years old on or before election day? Yes <b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)				This space for office use only.		
1	Mr.	Last Name Evans	First Name Steven	Middle Name(s) Ray		
2	Home Address 815 East New York Street			Apt. or Lot # 7	City/Town Rapid City	State SD
3	Address Where You Get Your Mail If Different From Above			City/Town		Zip Code 57701
4	Date of Birth 9/21/1961 Month Day Year	5	Telephone Number (optional) 605-791-2473	6	ID Number - (See item 6 in the instructions for your state) 00182314	
7	Choice of Party (see item 7 in the instructions for your State) Independent	8	Race or Ethnic Group (see item 8 in the instructions for your State)			
9	<p>I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none"> <li>■ I am a United States citizen</li> <li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li> <li>■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.</li> </ul>					 Please sign full name (or put mark) ▲ Date: 01/20/2011 Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## Please fill out the sections below if they apply to you.



If this application is for a change of name, what was your name before you changed it?

A	Last Name	First Name	Middle Name(s)	
---	-----------	------------	----------------	--

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
---	----------------------------------	---------------	------------------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an X to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">         Example          Route #2          ● Grocery Store          Woodchuck Road          Public School ● X       </div> <div style="text-align: right; margin-top: 10px;">NORTH ↑</div>				
---	--	--	--	--	--

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D					
---	--	--	--	--	--

**Mail this application to the address provided for your State.**